

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1	1			
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9		8		1		
10		9		1		
11		10		1		
12		11		1		
13		12		1		
14		13		1		
15		14		1		
16		15		1		
17		16		1		
18	1	17	1	1		
19		18		1		
20		19		1		
21		20		1		
22		21		1		
23		22		1		
24		23		1		
25		24		1		
26		25		1		
27		26		1		
28		27		1		
29		28		1		
30		29		1		
31		30		1		
32		31		1		
33		32		1		
34		33		1		
35		34		1		
36		35		1		
37		36		1		
38		37		1		
39		38		1		
40		39		1		
41		40		1		
42		41		1		
43		42		1		
44		43		1		
45		44		1		
46		45		1		
47		46		1		
48		47		1		
49		48		1		
50		49		1		
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	81	←		←
TOTAL CLAIMS			86			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		2				
53		3				
54		4				
55		5				
56		6				
57		7				
58		8				
59		9				
60		10				
61		11				
62		12				
63		13				
64		14				
65		15				
66		16				
67		17				
68		18				
69		19				
70		20				
71		21				
72	1	22	1			
73		23				
74		24				
75	1	25	1	1		
76	1	26	1	1		
77		27				
78		28				
79		29				
80		30				
81		31				
82		32				
83		33				
84		34				
85		35				
86		36				
87		37				
88		38				
89		39				
90		40				
91		41				
92		42				
93		43				
94		44				
95		45				
96		46				
97		47				
98		48				
99		49				
100		50				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						